

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	319	12-15-95
TYPIST	CFC	12-15-95
VERIFIER	319	6-18-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

**INDEX OF CLAIMS
BEST AVAILABLE COPY**

Claim	Date
Final	
Original	
1	11/5/91
2	9/19/91
3	9/19/91
4	9/19/91
5	9/19/91
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48	9/19/91
49	9/19/91
50	9/19/91

SYMBOLS

✓	Rejected
—	Allowed
— (Through numbers)	Cancelled
•	Restricted
N	Non-elected
—	Conferred
A	Appeal
O	Objected

Claim	Date
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